

3 Authorization

I request and authorize American Funds Service Company® (AFS) to follow the instructions on this form. In consideration of AFS acting on such instructions and processing such transactions, I agree to hold harmless and indemnify AFS; any of its affiliates or mutual funds managed by such affiliates; and each of their respective directors; trustees; officers; employees; and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred as a result of AFS acting on my instructions.

If converting F-1, F-2 or F3 shares to A shares, I confirm that I (or the account owner listed in Section 1) am/is no longer part of a fee-based advisory program.

If converting to F-1, F-2 or F3 shares, I confirm that I (or the account owner listed in Section 1) am/is entering a fee-based advisory program.

If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. A copy of this document will be made available to me as required.

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

Name of account owner (print)	X Signature of account owner	Date / / (mm/dd/yyyy)
Name of financial professional (print)	X Signature of financial professional	Date / / (mm/dd/yyyy)

Note: This request may be signed by either the account owner or the financial professional.

If mailing, choose the service center for your state. Mail the form to the Indiana Service Center if you live outside the U.S.



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For more information, contact your financial professional, visit www.capitalgroup.com or call us at (800) 421-4225.